

## Wayne RESA Homeless Consortium Transportation <u>Checklist</u>

Establishing a Cooperative Transportation Agreement:				
	Con	ntact the liaison from the School District of Residence		
	Foll	llow up with an email (CC the Consortium Coordinator) and include the following:		
		Subject: Student's last name (Create a new email for each family.)		
		Student's name, birth date, and g	rade	
		<ul><li>□ Parent/Guardian/Foster Parent name and phone number</li><li>□ Current address (and date of placement if in Foster Care)</li></ul>		
	lacktriangledown Method of transportation and rate if available (e.g. gas card, cab, bus, bus tickets		e if available (e.g. gas card, cab, bus, bus tickets)	
☐ Best interest statement		Best interest statement		
☐ Ap		proval to begin transportation is secured		
		per School District of Origin Liaison		
		per Consortium Coordinator		
	Trai	nsportation decision		
		will	provide AM transportation	
		will	provide PM transportation, or	
		will	provide transportation and invoice	
Requesting Transportation Reimbursement:				
	Em	il Invoice and include the following:		
		Invoice number		
		Student information		
		Address to submit payment to (including Attn: Name of Homeless Liaison)  Total amount of transportation cost and the 50% amount being invoiced  Dates and locations for transportation  Copy of School Calendar or weblink indicating non-school days, e.g. breaks, PD days  Copy of email indicating Transportation authorized		